

ABBOTT LABORATORIES

Corporate Regulatory and Quality Science

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September 25, 2000

Docket Management Branch (HFA-305) Food and Drug Administration 5630 Fishers Lane Room 1061 Rockville, MD 20852

RE: Agency Information Collection Activities; Proposed Collection; Comment Request; MedWatch: FDA's Medical Product Reporting Program

Docket No. 96N-0393

Dear Sir:

Abbott Laboratories is pleased to have the opportunity to provide comments on the Notice for MedWatch published on July 26, 2000, in the *Federal Register*. We propose the attached comments and suggestions to help strengthen the utility of the MedWatch Program.

On behalf of the 57,000 Abbott employees who help produce healthcare products marketed in more than 130 countries, we thank you for your consideration of our comments.

Sincerely,

Douglas L.Sporn

(Signed for Douglas L. Sporn in his absence)

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MEDWATCH COMMENT RESPONSE ABBOTT LABORATORIES

September 25, 2000

SPECIFIC COMMENTS

(1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility.

Yes, Abbott areas utilizing the MedWatch 3500A form agree that the collection of adverse event information is necessary for the proper performance of FDA's functions. The form is fairly well established and does not require significant revisions.

(2) The accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used.

The burden of collection appeared specific to device handling rather than adverse event reporting for drugs. No comment was made with respect to device reporting.

The burden of collection for drug adverse event reporting does not appear to be related to the MedWatch 3500A collection form, but is an accepted responsibility as defined by the CFR, March 1992 guideline, and August 1997 Guidance For Industry.

(3) Ways to enhance the quality, utility, and clarity of the information to be collected.

The following suggestions for enhancing the quality, utility, and clarity of the information collected:

- Providing more detailed instruction for MedWatch use (example: defining use for Section B2, B4, date fields).
- Updating the March 1992 Guidelines to incorporate MedWatch form use. There are specific details in the March 1992 Guidelines that discuss handling of special circumstances such as: reporting multiple suspect drugs, reporting/identifying follow-up information. As such, it is unclear how much of previous guidelines should be applied to current practice.
- FDA industry-wide assessment of consistency of MedWatch field use for both devices and drugs. The assessment should be separate since the instructions for devices and drugs differ. A document outlining consistent and accurate use of the MedWatch 3500A form should follow this assessment.

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(4) Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

The following suggestions may assist in minimizing the burden of collection of information on respondents -

- Guidelines for internet and electronic communications as means for adverse event reporting, including:
 - 1. Related compliance expectations to Part 11 and CFR.
 - 2. How August 1997 Guidance for Industry definitions of identifiable patient and identifiable reporter apply.
- Expand public education regarding post marketed adverse event reporting that includes training programs. These could be focused to understand the necessity of collecting adverse events and knowledge of the type of data requested may enhance data acquisition for voluntary reporters and required industry practices.
- Provide an opportunity for industry to review the "Menu option on Internet site to facilitate the collection of Baseline information" prior to implementation.

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